



08-14-07

10AN AF/K  
1635

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

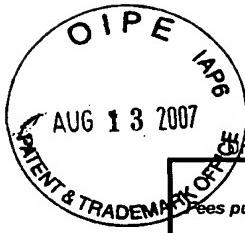
		Application Number	10/672,069-Conf. #4721
		Filing Date	September 25, 2003
		First Named Inventor	Tariq M. RANA
		Art Unit	1635
		Examiner Name	K. Chong
Total Number of Pages in This Submission		Attorney Docket Number	UMY-062

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard PTO Form SB/08
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Debra J. Milasincic, Esq.		
Date	August 13, 2007	Reg. No.	46,931



44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44

44